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OFFICE OF THE MISSISSIPPI SECRETARY OF STATE P.O. BOX 136, JACKSON, MS 39205-0136 (601) 359-1633 Mississippi LLC Application for Transfer of Name Reservation

	1. Name reserved						
\Rightarrow							
	2. Owner of reserved Limited Liability Company Name						
\Rightarrow							
	3. Transferred Name	l to					
\Rightarrow							
	Address						
\Rightarrow							
\Rightarrow	City, State, ZIF	25, ZIP4					-
	By: Signatu	ıre				(Please keep	writing within blocks)
	of Own	ner/					
	Applic	ant					
	Printed	Name] 	